

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | |
|--|--|-----------------------------|--|---|--|
| NAME OF FILER BUTTERFIELD SENATE - 2012, CITIZENS FOR PAUL | | | Date of This Filing <u>05/26/2012</u> | Date Stamp Page 1 of 2 | <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only |
| AREA CODE/PHONE NUMBER (310)940-6946 | I.D. NUMBER (if applicable) 1344870 | Report No. <u>01</u> | | | |
| STREET ADDRESS | | | | | |
| CITY SAN PEDRO | STATE CA | ZIP CODE 90731 | | | |
| <div> <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> </div> | | | No. of Pages <u>2</u> | | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|----------------------------|--|---|---|-----------------|
| 05/25/2012 - 05/26/2012 | Susan Romo Los Angeles, CA 90027 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Registered Nurse Kaiser Fndn Hospitals | \$3,900.00 |
| 05/25/2012 - 05/26/2012 | W. King Reilly Los Angeles, CA 90027 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Physician Retired | \$2,800.00 |
| 05/25/2012 - 05/26/2012 | Adam Reilly Los Angeles, CA 90027 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Bookkeeper Centek Mortgage Company | \$3,900.00 |

*Contributor Codes

| | |
|---|-----------------------------------|
| IND - Individual | PTY - Political Party |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other | |

Reason for Amendment:

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| STREET ADDRESS | | | | | |
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Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|--|--|------------------------|-------------------------------------|
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Reason for Amendment: